

<i>SERFF Tracking Number:</i>	<i>NALH-125864587</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40604</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Endorsement Form 4574 10-08</i>		
<i>Project Name/Number:</i>	<i>Endorsement Form 4574 10-08/Endorsement Form 4574 10-08</i>		

Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: Endorsement Form 4574 10-08 SERFF Tr Num: NALH-125864587 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40604

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Sherry M. Olson

Disposition Date: 10/23/2008

Date Submitted: 10/20/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Endorsement Form 4574 10-08

Status of Filing in Domicile: Pending

Project Number: Endorsement Form 4574 10-08

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Pending, submitted to Midland's domicile state of Iowa on 10/20/08

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/23/2008

State Status Changed: 10/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Midland National Life Insurance Company

FEIN # 461-66044 NAIC # 66044

Endorsement Form 4574 10-08

We are filing the referenced form for your review and approval. This is a new form that does not replace any existing

SERFF Tracking Number: NALH-125864587 State: Arkansas
Filing Company: Midland National Life Insurance Company State Tracking Number: 40604
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Endorsement Form 4574 10-08
Project Name/Number: Endorsement Form 4574 10-08/Endorsement Form 4574 10-08

forms. This form is laser printed and we reserve the right to change fonts and layouts. We certify that the font size will never be less than the minimum 10-point required by your state.

This endorsement will be available with Policy Form 2450 8-08, an individual flexible premium adjustable life insurance policy used in the bank- and corporate-owned life insurance market, which was approved by your department on XXXX. The endorsement is available for new issues only and will be added at the request of the policyowner. There is no cost for the endorsement. If the policyowner elects the endorsement, the interest credited to the policy will be based on new investments rather than on the portfolio crediting method that would otherwise be used.

This form was submitted to Midland's domicile state of Iowa on October 20, 2008.

If you need any additional information to complete your review, please feel free to contact me at 800-283-5433, ext. 6223 or at solson@mnlife.com.

Sincerely,

Sherry Olson, AIRC
Senior Contract Analyst
Corporate Markets Center
Midland National Life Insurance Company

Company and Contact

Filing Contact Information

Sherry Olson, Senior Contract Analyst
2000 44th St. South, Suite 300
Fargo, ND 58103
solson@mnlife.com
(701) 433-6223 [Phone]
(701) 433-8223[FAX]

Filing Company Information

Midland National Life Insurance Company	CoCode: 66044	State of Domicile: Iowa
525 W. Van Buren Street	Group Code: 431	Company Type: Life and Annuity
Chicago, IL 60607	Group Name:	State ID Number:

(800) 800-3656 ext. [Phone] FEIN Number: 46-0164570

SERFF Tracking Number: NALH-125864587 State: Arkansas
Filing Company: Midland National Life Insurance Company State Tracking Number: 40604
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Endorsement Form 4574 10-08
Project Name/Number: Endorsement Form 4574 10-08/Endorsement Form 4574 10-08

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 per form x 1 form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$50.00	10/20/2008	23339769

SERFF Tracking Number:	NALH-125864587	State:	Arkansas
Filing Company:	Midland National Life Insurance Company	State Tracking Number:	40604
Company Tracking Number:			
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	Endorsement Form 4574 10-08		
Project Name/Number:	Endorsement Form 4574 10-08/Endorsement Form 4574 10-08		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/23/2008	10/23/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Correction to Filing Description	Note To Reviewer	Sherry M. Olson	10/20/2008	10/20/2008

<i>SERFF Tracking Number:</i>	<i>NALH-125864587</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Endorsement Form 4574 10-08/Endorsement Form 4574 10-08</i>		

Disposition

Disposition Date: 10/23/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NALH-125864587 State: Arkansas

Filing Company: Midland National Life Insurance Company State Tracking Number: 40604

Company Tracking Number:

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life

Product Name: Endorsement Form 4574 10-08

Project Name/Number: Endorsement Form 4574 10-08/Endorsement Form 4574 10-08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Interest Rate Endorsement		Yes

Note To Reviewer

Sherry M. Olson on 10/20/2008 01:58 PM

Correction to Filing Description

This is to correct the filing description. This endorsement will be available with Policy Form 2450 8-08, an individual flexible premium adjustable life insurance policy used in the bank- and corporate-owned life insurance market, which was submitted to your department on 10/13/2008.

SERFF Tracking Number: NALH-125864587 State: Arkansas

Filing Company: Midland National Life Insurance Company State Tracking Number: 40604

Company Tracking Number:

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: Endorsement Form 4574 10-08

Project Name/Number: Endorsement Form 4574 10-08/Endorsement Form 4574 10-08

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form 4574 10-08	Policy/Cont Interest Rate ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		64	Midland Form 4574 10- 08.pdf



*A Member of the Sammons Financial Group
A Stock Company*

Principal Office: 4601 Westown Parkway, Suite 300, West Des Moines, IA 50266
Executive Office: One Midland Plaza, Sioux Falls, SD 57193
Corporate Markets Center: 2000 44th St. South, Suite 300, Fargo, ND 58103 (800) 283-5433

INTEREST RATE ENDORSEMENT

ENDORSEMENT DATE: [JANUARY 1, 2009]

INITIAL INTEREST RATE: [X.XX%]

Benefit

Beginning on the Endorsement Date, the Interest Rate We credit to any Policy Value not used as collateral for a Policy Loan is the Initial Interest Rate specified above. The Initial Interest Rate is based on yields available on new investments and is effective from the Endorsement Date through the end of the calendar quarter in which the Endorsement Date occurs. Subsequent Interest Rates utilize the investment generation method, are determined on the first day of each successive calendar quarter, and are effective through the end of each calendar quarter.

The Interest Rate will never be less than the minimum Interest Rate guaranteed in the Policy to which this Endorsement is attached.

Termination of Endorsement

This Endorsement terminates on the earliest of the following:

1. On the Monthly Deduction Day that falls on or next follows the date We receive and approve Your Written Notice;
2. On the date of death of the Insured; or
3. On the date the Policy terminates.

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	NALH-125864587	State:	Arkansas
Filing Company:	Midland National Life Insurance Company	State Tracking Number:	40604
Company Tracking Number:			
TOI:	L09I Individual Life - Flexible Premium	Sub-TOI:	L09I.001 Single Life
	Adjustable Life		
Product Name:	Endorsement Form 4574 10-08		
Project Name/Number:	Endorsement Form 4574 10-08/Endorsement Form 4574 10-08		

Supporting Document Schedules

Review Status:

Satisfied -Name: Application

10/20/2008

Comments:

Regular Issue Application Form 81-36 (4-05) approved on 5/13/2005, will be used to apply for the policy, and endorsement.

Attachment:

81-36CM0405A.pdf

Regular Issue
Application for Life Insurance -- Part 1

1. Name of Proposed Insured (First, Middle and Last)		Birth date	Birthplace	Sex	Marital Status
2. Residence Address (Street, City, State, Zip)		Social Security No.		Height ft. in.	Weight Lbs.
3. Occupation (Title and Duties)	Gross Annual Compensation \$	Telephone Numbers (Home) (Bus)			
4. Owner Name (If Trust, Name and Date of Trust)		Social Security or Tax ID No.			
Owner Address (Street, City, State, Zip)		Relationship to proposed Insured			
5a. Beneficiary		5b. Relationship			
6a. Plan Applied for		6b. Sub-account (If Applicable)			
6c. Amount Applied for \$		6d. Death Benefit Option: <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Increasing <input type="checkbox"/> Other _____			
7. Changes to an existing policy		8. Additional Benefits:			
9a. Premium \$		9b. Premium Mode <input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Other			
10. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (complete appropriate questionnaire)					
11a. Do you have existing annuity contracts or life insurance policies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," complete 11b.)					

11b. Policies in Force:

Company	Amount	Indicate		Intention of Replacement or Change	
		Personal	Business		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11c. Policies Applied for / Indicate Below or ☐ None:

Company	Amount	Net Amount at Risk	Indicate	
			Personal	Business
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

MIDLAND NATIONAL LIFE INSURANCE COMPANY
 PRINCIPAL OFFICE • DES MOINES, IA 50266
 CORPORATE MARKETS CENTER • 2000 44TH STREET SOUTH, STE. 300 • FARGO, ND 58103
 PHONE (800) 283-5433 • FAX: (701) 433-8596

Application for Life Insurance -- Part 1, Continued

Provide details for all "Yes" answers to questions 12-19 below.

Yes	No		
12. <input type="checkbox"/>	<input type="checkbox"/>	Do you intend to travel outside the U.S. or Canada within the next 2 years? (If "Yes," complete appropriate questionnaire.)	16. Your driver's license #: _____ State: _____
13. <input type="checkbox"/>	<input type="checkbox"/>	Do you participate in or do you intend to participate in aviation related sports, powered or competitive vehicle racing, sky or scuba diving, mountain climbing, or any other hazardous sport or activity? (If "Yes," complete appropriate questionnaire.)	17. Within the past 10 years, have you been convicted of or pled guilty to: <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;">Yes</div> <div style="width: 10%;">No</div> <div style="width: 80%;"> <input type="checkbox"/> <input type="checkbox"/> a. Moving violations? <input type="checkbox"/> <input type="checkbox"/> b. Driving under the influence of alcohol and/or other drugs? </div> </div>
14. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of, or are you awaiting trial for a felony?	18. <input type="checkbox"/> <input type="checkbox"/> Have you been a pilot or crew member during the past 3 years or have any intention of becoming a pilot, student pilot, or crew member in any type of aircraft? (If "Yes," complete appropriate questionnaire.)
15. <input type="checkbox"/>	<input type="checkbox"/>	Have you ever had an application for insurance declined, postponed, or rated?	19. Have you ever used: <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="width: 80%;"> a. Cigarettes? Date Last Used: _____ b. Other nicotine products? Date Last Used: _____ </div> </div>

Details for questions 12-19:

20. ☐ Yes ☐ No Do you have any family history of heart disease, cancer, high blood pressure, diabetes, hemophilia, Huntington's chorea, polycystic kidney disease, or any congenital disorder? If "Yes," give details, including relationship, condition, current age, or age at death.

First Name Only	Relationship	Condition	Current Age	Age at Death

Home Office Endorsements

1a. Name and address of Personal Physician:																																																				
1b. Date and reason last consulted:																																																				
<p>2. Have you ever had or been treated for:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Yes</th> <th style="text-align: left; width: 10%;">No</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>a. High blood pressure, transient ischemic attack (TIA), stroke, or elevated cholesterol?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>b. Chest pain, heart attack, heart murmur, or heart problem?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>c. Cancer, tumor, blood or immune system disorder?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>d. Diabetes, kidney, or urinary problem?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>e. Ulcer, digestive, rectal, or liver problem?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>f. Sleep apnea, lung or respiratory problem?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>g. Mental, nervous, or seizure disorder?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>h. Breast, uterus, ovaries, testicles, prostate problem, or sexually transmitted diseases?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>i. Skin, bone, joint, muscle or arthritis problem?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>j. Any injury, disease, or illness not indicated above?</td> </tr> </tbody> </table> <p>3. Have you ever:</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td>a. Within the last 5 years, been advised to take, or are you currently taking, treatment or prescribed medicine?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>b. Within the last 5 years, received medical treatment or advice for injury or illness, or been hospitalized or had surgery?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>c. Applied for, or received benefits, because of accident, sickness, or disability?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>d. Sought or received treatment for, or been arrested for, the use of alcohol, marijuana, or drugs?</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>e. Used narcotics, cocaine, LSD, marijuana, amphetamines, or barbiturates, unless administered on the advice of a physician?</td> </tr> </tbody> </table> <p>4. In the past 10 years have you:</p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;"><input type="checkbox"/></td> <td>Been diagnosed or treated by a member of the medical profession for immune deficiency disorder, Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC)?</td> </tr> </tbody> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	a. High blood pressure, transient ischemic attack (TIA), stroke, or elevated cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	b. Chest pain, heart attack, heart murmur, or heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	c. Cancer, tumor, blood or immune system disorder?	<input type="checkbox"/>	<input type="checkbox"/>	d. 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Include all dates, diagnoses, duration, severity, treatment, and names and addresses of all attending physicians or medical practitioners.</p>
Yes	No																																																			
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Agreement and Authorization

Each person who signs below represents and agrees that the statements and answers recorded on this application are given to obtain this insurance and are true, complete, and correctly recorded. Fraud or material misrepresentation in the application will make this agreement invalid, and Midland National Life Insurance Company's (the "Company") only liability shall be to refund any advance payment made.

The Company will have no liability unless: (a) the application is approved; (b) the first full premium is paid; and (c) the policy is issued and the Owner accepts it. This must be during the lifetime of any person proposed for insurance; also, his or her eligibility and health must remain as described in the application. If these requirements are met, insurance will be in force on the policy effective date. By accepting the policy, the Owner consents to any changes the Company has made under "Home Office Endorsements," except that changes in the insurance amount, the risk class, or the insurance plan will be made only with the Owner's written consent. Each person who signs below acknowledges that he or she has read and understands this application and has received copies of the Fair Credit Reporting Act Notification, Notice of Insurance Information Practices, and the Medical Information Bureau Notification.

Insurance products and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association, and involve investment risk, including possible loss of value. The approval or disapproval of any extension of credit by the bank or an affiliate is not based on whether or not this insurance is purchased through the bank or through any particular source.

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, Medical Information Bureau (MIB), consumer reporting agency, or employer having information available as to diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment of me and any information as to employment, other insurance coverage, or other non-medical information about me to give to the Company or its reinsurers, any and all such information. I authorize all of these sources, except MIB, to give records or knowledge to any agency that the Company employs to collect and transmit such information. The Company will not release any information to any person or organization **except** to reinsuring companies, MIB, or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may authorize later. I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. I understand that I am entitled to receive a copy of the investigative consumer report upon request. I understand that I may request a copy of this authorization and that a photographic copy will be as valid as the original, and either shall remain in effect for a period of two years from the date signed. I have the right to revoke this authorization by notifying the Company in writing. The Company may rely on my authorization prior to receiving my notice of revocation.

FRAUD STATEMENT - Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is/may be guilty of insurance fraud and may be subject to fines and penalties.

Signature of Proposed Insured

Signature of Owner (If Owner is corporation, trust or other entity, include title of signee.)

Signed at _____ Date _____
City State

Agent certification

(1) To the best of my knowledge and belief, the answers given to the questions in this application are full, complete, and true, and there is nothing adversely affecting the insurability of any person proposed for insurance, except as stated in this application; (2) that I gave the Medical Information Bureau Notification, Notice of Insurance Information Practices and Fair Credit Reporting Act Notification to the Proposed Insured; and (3) to the best of my knowledge and belief, the insurance applied for ☐ **does** ☐ **does not** replace existing insurance.

Signature of Agent

Date

Agent's No.

AGENT'S REPORT

Name of Business Contact: _____

<p>1. Proposed Insured's Gross Annual Compensation:</p> <p>Salary: _____</p> <p>Benefits/Bonuses: _____</p> <p>2. Additional Income: _____</p> <p>Source: _____</p> <p>3. Case Manager Name: _____</p>	<p>What is the purpose of this Insurance? (Please check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> Offset Present & Future Benefit Liabilities<input type="checkbox"/> Salary Continuation<input type="checkbox"/> Deferred Compensation<input type="checkbox"/> Incentive Compensation<input type="checkbox"/> Split Dollar<input type="checkbox"/> Survivor Income<input type="checkbox"/> Key Person<input type="checkbox"/> Other (Please Describe): _____
--	---

Agents Entitled to Commission

Name	Agent Number	% Commission
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions

Leave with Applicant

Fair Credit Reporting Act Notification

As part of Midland National Life's normal procedure of processing applications, we may obtain an investigative consumer report concerning such information as to your character, general reputation, and personal characteristics, except as may be related directly or indirectly to your sexual orientation. We will obtain this information through interviews with your friends, neighbors, and associates. You may make a written request to be personally interviewed when such a report is being prepared. You have the right to make a written request to receive a copy of the investigative consumer report. Further information on the nature and scope of the report, if one is made, is available upon request from Midland National Life Insurance Company.

Notice of Insurance Information Practices

You are our most important source of information, but personal information may also be collected from other persons. Such information, as well as other personal or privileged information our agent or we subsequently collect, may, in certain circumstances, be disclosed to third parties without your authorization.

We have established procedures to give you access to all personal information collected. You may request correction of such information in our files that you believe to be inaccurate.

We will provide a more complete description of the information practices of Midland National Life Insurance Company upon your request, in accordance with the requirements of the Insurance Information and Privacy Protection Law in effect in your state of residence.

Medical Information Bureau Notification

Information regarding your insurability will be treated as confidential. Midland National Life Insurance Company, or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau (MIB), a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

Midland National Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.